APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE
Sequence Submission?:: PAPER

Title:: BIOCOMPATIBLE IMPLANT FOR THE EXPRESSION

AND IN VIVO SECRETION OF A THERAPEUTIC

SUBSTANCE

Attorney Docket Number:: 216143US0DIV

Total Drawing Sheets:: 11

INVENTOR INFORMATION

Inventor Authority Type:: INVENTOR Primary Citizenship Country:: FRANCE

Status:: FULL CAPACITY
Given Name:: Philippe
Family Name:: MOULLIER
City of Residence:: Meudon

Country of Residence:: FRANCE

Street:: 20, rue de Rushmoor

City:: Meudon
Country:: FRANCE
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Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: FRANCE

Status:: FULL CAPACITY

Given Name:: Olivier
Family Name:: DANOS
City of Residence:: Garches
Country of Residence:: FRANCE

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City:: Garches
Country:: FRANCE
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Inventor Authority Type:: INVENTOR Primary Citizenship Country:: FRANCE

Status:: FULL CAPACITY
Given Name:: Jean-Michel
Family Name:: HEARD
City of Residence:: Paris
Country of Residence:: FRANCE

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City:: Paris
Country:: FRANCE

Postal or Zip Code:: F-75014

Inventor Authority Type:: INVENTOR Primary Citizenship Country:: FRANCE

Status:: FULL CAPACITY

Given Name:: Nicolas
Family Name:: FERRY
City of Residence:: Paris
Country of Residence:: FRANCE

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City:: Paris
Country:: FRANCE
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CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application:: This Application

Continuity Type:: Division of Parent Application:: 09/225,509
Parent Filing Date:: 01/06/99

Application:: This Application

Continuity Type:: Division of Parent Application:: 08/532,814
Parent Filing Date:: 01/19/96

Application:: This Application
Continuity Type:: National Stage of
Parent Application:: PCT/FR94/00456

Parent Filing Date:: 04/21/94

FOREIGN PRIORITY INFORMATION

Country:: FRANCE
Application Number:: 93/04700
Filing Date:: 04/21/93

Country:: FRANCE
Application Number:: 93/09185
Filing Date:: 07/26/93

ASSIGNMENT INFORMATION

Assignee Name::

Street:: City:: Country::

Postal or Zip Code::

INSTITUT PASTEUR

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